



MARSHALL COUNTY FISCAL COURT APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL INFORMATION

FULL NAME: _____ PREFERRED NAME: _____

STREET ADDRESS: _____ APT/UNIT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

P.O. ADDRESS (if applicable): _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER: ____-____-____ BIRTH DATE: _____

DATE AVAILABLE: _____ EXPECTED PAY: \$ ____/HR or \$ ____/YR

POSITION APPLYING FOR: _____

EMPLOYMENT STATUS DESIRED (circle): FULL-TIME PART-TIME SEASONAL

ELIGIBILITY

ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?

HAVE YOU EVER WORKED FOR MARSHALL CO. FISCAL COURT? ____ IF SO, DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ IF SO, EXPLAIN: _____

ARE YOU AT LEAST 18 YEARS OF AGE? _____

PROSPECTIVE EMPLOYEES ARE SUBJECT TO A BACKGROUND CHECK, DRUG SCREENING, AND/OR A PHYSICAL EXAMINATION AS A CONDITION OF YOUR EMPLOYMENT. YOU MAY ALSO BE SUBJECT TO FUTURE SCREENINGS. ARE YOU WILLING TO CONSENT TO THESE TERMS? _____

EDUCATION

HIGH SCHOOL: _____ CITY, STATE: _____

GRADUATION DATE: _____ SPECIALTY COURSES: _____

* * * * *

TRADE/TECHNICAL SCHOOL: _____

DATES ATTENDED: _____ CERTIFICATES EARNED: _____

* * * * *

COLLEGE: _____ GRADUATION DATE: _____

MAJOR: _____ MINOR: _____

* * * * *

OTHER: _____ DEGREE/CERTIFICATE: _____

OTHER: _____ DEGREE/CERTIFICATE: _____

WORK-RELATED SKILLS AND CERTIFICATIONS

WHAT JOB-RELATED SKILLS DO YOU HAVE? FOR EXAMPLE, CAN YOU OPERATE CERTAIN EQUIPMENT, USE CERTAIN SOFTWARE, AND/OR OFFICE-RELATED SKILLS: _____

EMPLOYMENT HISTORY (beginning with most recent)

DATES: _____ **EMPLOYER:** _____

JOB TITLE: _____ **RESPONSIBILITIES:** _____

PHONE: _____ **PAY RATE:** _____

LOCATION: _____ **REASON FOR LEAVING:** _____

* * * * *

DATES: _____ **EMPLOYER:** _____

JOB TITLE: _____ **RESPONSIBILITIES:** _____

PHONE: _____ **PAY RATE:** _____

LOCATION: _____ **REASON FOR LEAVING:** _____

OTHER EMPLOYERS, REFERENCES, OR OTHER INFORMATION WHICH YOU DEEM RELEVANT TO YOUR CONSIDERATION FOR THIS JOB MAY BE ATTACHED.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the Marshall County Fiscal Court has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing and signed by the County Judge/Executive.

Signature of applicant

date